



# MONTAGUE BOARD OF HEALTH

One Avenue A · Turners Falls, MA 01376

TELEPHONE 413-863-3200 EXT 205 · FAX 413-863-3225

GINA MCNEELY, R.S.  
DIRECTOR OF PUBLIC HEALTH

## Application for Mobile Food Unit / Pushcart

Check one: **Mobile Food Unit:** \_\_\_\_\_ **Push Cart:** \_\_\_\_\_

## PERMIT FEE: SEE ANNUAL FEE SCHEDULE

PRINT CLEARLY

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Federal ID # / SS # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Attach a copy of your driver's license \_\_\_\_\_

### BUSINESS INFORMATION:

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I have submitted plans/ application to the following: Please give date of submission

Board of Selectmen \_\_\_\_\_ Police \_\_\_\_\_  
Fire Department \_\_\_\_\_ Other \_\_\_\_\_

### BASE OF OPERATIONS INFORMATION:

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of establishment: \_\_\_\_\_ Permit # \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This license will not be issued unless this certification is signed by the applicant.

**The Permit Fee is payable by check to the Town of Montague,  
mail to: Montague Board of Health, One Avenue A, Turners Falls, MA 01376.  
Permit will NOT be issued without payment.**

Office Use: Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_